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**COMMUNITY HEALTH PLANNING STEPS AND PROCEDURES:
A Functionally Based, Annotated Bibliography of 50 Selected References**

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COMMUNITY HEALTH PLANNING STEPS AND PROCEDURES

A FUNCTIONALLY BASED, ANNOTATED BIBLIOGRAPHY

50 Selected References

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INTRODUCTION

Community health planning has something in common with all forms of planning--the generic or fundamental steps of the planning process. Therefore, a bibliography on community health planning could be organized around these fundamental planning steps. In fact, the following references are so organized.

Fifty references were carefully selected from a thorough review of well over 200 references.* The references were selected to emphasize the procedural and technical aspects of community health planning, not its organizational and participatory aspects.

1) TASK DESIGN

The first fundamental step of planning is to formulate, layout, and organize the planning function itself. This should include the choice of a definition for both the system of interest, and the planning process. The question to be addressed here is: What are we about? This step should be based, at least partially, on an evaluation of the previous planning cycle (i.e., internal evaluation). The following references were selected because they outline the generic steps and procedures involved in community health planning.

*This bibliography is based on dissertation work entitled: A Process Appraisal of Comprehensive Health Planning At the State Level which is being conducted at The Ohio State University, Department of Preventive Medicine. The dissertation is scheduled for completion in August 1974.

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2) SYSTEM INVESTIGATION

The second fundamental step of planning is to research the defined system. The questions to be addressed here are: a) Where are we?; b) How did we get here?; and c) Where are we headed? This step is variously known as the profile, baseline, or diagnosis phase of planning. The culmination of this step should be a set of clearly defined problem priorities. The following references were selected to indicate the scope of this step in community health planning.

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3) ENDS ESTABLISHMENT

The third fundamental step in planning is to choose a set of preferred goals, and to transform these goals into quantified, time-related targets. The question to be addressed here is: Where do we want to go? It is this activity which enables a system to be self-directing. However, this step is often either not included, or not fully developed in planning paradigms. The first two references listed below indicate the nature of this step. The last two references provide examples of how this step could be operationalized in the community health planning process.

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34. Colt, Avery M. "Public Policy and Planning Criteria in Public Health," American Journal of Public Health, Vol. 59, No. 9, 1969, pp. 1678-1685.
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4) MEANS SELECTION

The fourth fundamental step in planning is to transform targets (i.e., ends) into intervention schemes (i.e., means). The question to be addressed here is: How do we get there? First, targets must be translated into preferred policies and programs. Then, resource requirements (i.e., manpower, facilities, equipment, space, etc.) are derived from the selected intervention strategies. The following references were selected to highlight the key considerations at this stage of the community health planning process.

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5) INTERVENTION EVALUATION

The fifth fundamental step in planning is to determine whether and to what extent: a) means have been implemented as planned, and b) ends have been reached. The question to be addressed here is: Did we get there? Here the focus is not on evaluating the planning process itself, but rather the policies and programs developed and selected in the planning process. This activity enables a system to be self-correcting or controlling. The following references were selected to elucidate the evaluation phase of community health planning.

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CONCLUSION

The numbers of references associated with each of the five fundamental planning steps reflect the nature of future research needs in this area. At this time, the general procedures of the community health planning process have been fairly well defined (i.e., TASK DESIGN). Now, it is the particular activities and techniques that fall within the remaining four steps which require more detailed exploration.

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